

# Robot Assisted Laparoscopic Myomectomy

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## What is a Robot Assisted Laparoscopic Myomectomy?

Is the removal of the fibroid(s) through four small (1/2'- 1') abdominal incisions while using a robot.

## Why is this surgery used?

To treat diseases of the uterus to preserve fertility.

- Heavy vaginal bleeding due to fibroids
- Bladder or bowel problems related to fibroids
- Pelvic pain associated with fibroids
- Infertility related to fibroids

## How do I prepare for surgery?

- Before surgery, a pre-op appointment will be scheduled with your doctor at their office or with a nurse practitioner or physician assistant at Domino Farms.
- Depending on your health, we may ask you to see your primary doctor, a specialist, and/or an anesthesiologist to make sure you are healthy for surgery.
- The lab work for your surgery **must be done at least 3 days before surgery.**
- Some medications need to be stopped before the surgery. A list of medications will be provided at your pre-operative appointment.
- Smoking can affect your surgery and recovery. Smokers may have difficulty breathing during the surgery and tend to heal more slowly after surgery. If you are a smoker, it is best to quit 6-8 weeks before surgery.

If you are unable to stop smoking before surgery, your doctor can order a nicotine patch while you are in the hospital.

- You will be told at your pre-op visit whether you will need a bowel prep for your surgery and if you do, what type you will use. The prep to clean your bowel will have to be completed the night before your surgery.
- You will need to shower at home before surgery. Instructions will be provided at your pre-operative appointment.
- Do not wear makeup, nail polish, lotion, deodorant, or antiperspirant on the day of surgery.
- Remove all body piercings and acrylic nails.
- If you have a “Living Will” or an “Advance Directive”, bring a copy with you to the hospital on the day of surgery.
- Most women recover and are back to most activities in 2-4 weeks. You may need a family member or a friend to help with your day-to-day activities for a few days after surgery.

### **What can I expect during the surgery?**

- In the operating room, you will be given general anesthesia.
- After you are asleep and before the surgery starts:
  - A tube to help you breathe will be placed in your throat.
  - Another tube will be placed in your stomach to remove any gas or other contents to reduce the likelihood of injury during the surgery. The tube is usually removed before you wake up.
  - A catheter will be inserted into your bladder to drain urine and to monitor the amount of urine coming out during surgery.
- Compression stockings will be placed on your legs to prevent blood clots in your legs and lungs during surgery.
- After you are asleep the laparoscope is inserted into the abdomen and carbon dioxide gas is blown into the abdomen to inflate the belly wall away from the internal organs.
- Once surgery starts the doctor will locate the fibroid or fibroids and removed them through the 4 small abdominal incisions. When surgery is

completed your incisions will be closed and a dressing will be placed over your incisions.

- Photographs may be taken during the surgery and will be placed in your medical records.

### **What are possible risks from this surgery?**

Although there can be problems that result from surgery, we work very hard to make sure it is as safe as possible. However, problems can occur, even when things go as planned. You should be aware of these possible problems, how often they happen, and what will be done to correct them.

#### **Possible risks during surgery include:**

- **Bleeding:** If there is excessive bleeding, you will be given a blood transfusion unless you have personal or religious reasons for not wanting blood. **This should be discussed with your doctor prior to the surgery.**
- **Conversion to an open surgery requiring an up and down or Bikini incision:** If a bigger open incision is needed during your surgery, you may need to stay in the hospital for one or two nights.
- **Damage to the bladder, ureters** (the tubes that drain the kidneys into the bladder), **and to the bowel:** Damage occurs in less than 1% of surgeries. If there is damage to the bladder, ureters, or to the bowel they will be repaired while you are in surgery.
- **Death:** All surgeries have a risk of death. Some surgeries have a higher risk than others.
- **Removal of the Uterus**

#### **Possible risks that can occur days to weeks after surgery:**

- **Blood clot in the legs or lung:** Swelling or pain, shortness of breath, or chest pain are signs of blood clots.
- **Bowel obstruction:** A blockage in the bowel that causes abdominal pain, bloating, nausea and/or vomiting
- **Decrease fertility:** Due to scarring

- **Hernia:** Weakness in the muscle at the incision that causes a lump under the skin.
- **Incision opens**
- **Infection:** Bladder or surgical site infection. This may cause fever, redness, swelling or pain.
- **Pregnancy complications:** Uterine rupture in future pregnancy. Need for Cesarean delivery.
- **Scar tissue:** Tissue thicker than normal skin forms at the site of surgery

### **What happens after the surgery?**

- You will be taken to the recovery room and monitored for 2-4 hours prior to going home.
- When you are feeling better you will be started on a regular diet.
- You may have cramping, feel bloated, or shoulder pain.
- You may have a scratchy or sore throat from the tube used for your anesthesia.
- You will:
  - Be given medications for pain and nausea if needed.
  - The tube in you bladder will be removed in the recovery room.
  - Have the compression stockings on your legs to improve circulation.
  - Be restarted on your routine medications.
  - Be given a small plastic device at your bedside to help expand your lungs after surgery.
  - Start walking as soon as possible after the surgery to help healing and recovery.

### **When will I go home after surgery?**

Most women are able to go home the same day the surgery is done. However, depending on your medical history and the specific surgery being done, you may need to spend one night in the hospital. Check with your doctor to see what is expected.

**If you go home the same day:**

- You must arrange for someone to come with you, stay while you are having surgery and drive you home afterwards.
- If you do not know someone who can do this, please call the Guest Assistance Program at: (734)764-6893 or (800)888-9825.
- You will not be able to have your surgery if there is no-one with you.

**If you stay one night in the hospital:**

- Most women are ready to go home around noon-time the day after surgery. You should plan for someone to be at the hospital by noon to drive you home.

**At home after surgery:**

If you use a bowel prep before surgery, it is common not to have a bowel movement for several days.

**Call your doctor right away if you:**

- develop a fever over 100.4°F (38°C)
- start bleeding like a menstrual period or (and) are changing a pad every hour
- have severe pain in your abdomen or pelvis that the pain medication is not helping
- have heavy vaginal discharge with a bad odor
- have nausea and vomiting
- have chest pain or difficulty breathing
- leak fluid or blood from the incision or if the incision opens
- develop swelling, redness, or pain in your legs
- develop a rash
- have pain with urination

**Caring for your incision:**

- Your incision will be closed with dissolvable stitches.

**Bleeding:**

- Spotting is normal.
  - Discharge will change to a brownish color followed by yellow cream color that will continue for up to four to eight weeks.
  - It is common for the brownish discharge to have a slight odor because it is old blood.

**Diet:** You will continue with your regular diet.

**Medications:**

- **Pain:** Medication for pain will be prescribed for you after surgery. Do not take it more frequently than instructed.
- **Stool softener:** Narcotic pain medications may cause constipation. A stool softener may be needed while taking these medications.
- **Nausea:** Anti-nausea medication is not typically prescribed. Tell your doctor if you have a history of severe nausea with general anesthesia.

**Activities:**

- **Energy level:** It is normal to have a decreased energy level after surgery. During the first week at home, you should minimize any strenuous activity. Once you settle into a normal routine at home, you will slowly begin to feel better. Walking around the house and taking short walks outside can help you get back to your normal energy level more quickly.
- **Showers:** Showers are allowed within 24 hours after your surgery.
- **Climbing:** Climbing stairs is permitted, but you may require some assistance when you first return home.
- **Lifting:** For 2-4 weeks after your surgery you should not lift anything heavier than a gallon of milk. This includes pushing objects such as a vacuum cleaner and vigorous exercise.
- **Driving:** The reason you are asked not to drive after surgery is because you may be prescribed pain medications. Even after you stop taking pain medication; driving is restricted because you may not be able to make sudden movements due to discomforts from surgery.

- **Exercise:** Exercise is important for a healthy lifestyle. You may begin normal physical activity within hours of surgery. Start with short walks and gradually increase the distance and length of time that you walk. To allow your body time to heal, you should not return to a more difficult exercise routine for 2-4 weeks after your surgery. Please talk to your doctor about when you can start exercising again.
- **Intercourse:** No sexual activity for 4 weeks after surgery.
- **Work:** Most patients can return to work between 2-4 weeks after surgery. You may continue to feel tired for a couple of weeks.

### **Follow-up with your doctor:**

You should have a post-operative appointment scheduled with your doctor for 4-6 weeks after surgery.

**If you have any further questions or concerns about getting ready for surgery, the surgery itself, or after the surgery, please talk with your doctor.**

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